Express Mail No. EV 806558973 US

Applicants respectfully submit that the entire delay in filing the required reply from the due date for the reply until the filing of this petition was unintentional.

A favorable decision on this Petition is respectfully requested.

Please charge the amount of \$1,540 for payment of the fee under 37 C.F.R. 1.17(m) for filing this Petition to Revive under 37 C.F.R. §1.137(b) to Deposit Account No. 11-0600.

The Commissioner is hereby authorized to charge any additional fees and/or to credit any overpayment in connection with these papers transmitted herewith, to Deposit Account No. 11-0600. Since the error in this matter was solely due to an error by the USPTO, Applicants respectfully request a refund of its petition fee should the USPTO agree with Applicants regarding the source of error. A copy of this communication is enclosed for charging purposes.

> Respectfully submitted, KENYON & KENYON LLP

ment date: 03/25/2008 CKHLOK 2007 MGEBREM1 00000004 110600 1540.00 CR

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(Reg. No. 47,084)

Linda Shudy Lecomte

One Broadway New York, NY 10004

(212) 425-7200 (Telephone)

(212) 425-5288 (Facsimile)

CUSTOMER NO. 26646

UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 03/17/08 2 Seria		al/Patent	#	9/673,520	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
	Filing				\$
	Amendment				\$
	Extension of Time				\$
	Notice of Appeal/Appeal				\$
Х	Petition			10/03/07	\$ 1,540.00
	Issue				\$
	Cert of Correction/Terminal	Disc.			\$
	Maintenance				\$
	Assignment				\$
	Other				\$
		7 TOTAL AMOUNT \$ 1,540.00			
		8 TO BE REFUNDED BY:			
10 REASON:			Treasury Check		
	Overpayment			Credit Dep	osit A/C #:
	Duplicate Payment		9	1 1 0	6 0 0
Х	No Fee Due (Explanation):				
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: Tredelle Jackson				ritle:	Paralegal
SIGNATURE: 2.2783 PHONE: 2-2783				2-2783	
OFFICE: Office of Petitions					
THIS SPACE RESERVED FOR FINANCE USE ONLY:					
APPROVED: DATE:					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B

PORM PTO 1577 (01/90)